



# MEDI-CAL HEALTH CARE PROGRAM UPDATE

December 16, 2003



## MC 13 (Statement of Citizenship, Alienage and Immigration Status)

This is to inform staff about circumstances under which staff are **not** required to obtain an **MC 13** (Statement of Citizenship, Alienage and Immigration Status) from United States (U.S.) citizens, U.S. nationals or naturalized U.S. citizens as a condition of eligibility for full scope Medi-Cal benefits.

### When it is not necessary to obtain an MC 13:

- ❖ When citizenship/immigration information is already available.
- ❖ When an applicant or beneficiary claims U.S. citizenship and provides information about his or her place of birth on any form (e.g., SAWS 2 or MC 210) signed under penalty of perjury.

For Medi-Cal applicants who are U.S. citizens/U.S. nationals or naturalized U.S. citizens, an MC 13 is still required when no other information exists of the applicant's citizenship/immigration status.

### Persons born in the any of the following locations are U.S. citizens:

The 50 states  
The District of Columbia  
Puerto Rico  
Guam  
The U.S. Virgin Islands  
The Northern Mariana Islands



### Persons born in the following locations are U.S. Nationals:

American Samoa  
Swain's Island

NOTE: An MC 13 is still required for those applicants/beneficiaries who are not claiming U.S. citizenship/U.S. national status or naturalized U.S. citizenship status.

Ref: ACWDL 03-14, dated April 11, 2003

## Medi-Cal Eligibility for Strikers

This is to remind District staff how to treat strikers for Medi-Cal. A person can participate in a strike and still be aided under the U-Parent deprivation (if they meet all other eligibility criteria).

Ref: ACWDL #97-37, dated October 3, 1997

Medi-Cal Eligibility Procedures Manual, Article 5C-11 (5).

### IMPORTANT REMINDERS TO DISTRICTS

#### Craig v. Bonta cases:

Because the Craig v. Bonta court order is driven by very specific processing deadlines, it is important that district managers remind eligibility staff about the correct procedure to follow in response to the Two-Way Gram being sent by the Canoga Park Medi-Cal Regional Office (CPMRO) District #90. These notices are sent to districts which carry an active case that may also include a Craig person in the family unit.

Please review Administrative Directive 4448, dated 7/21/03, with staff and ensure that Craig individuals are being evaluated for ongoing eligibility according to those instructions. Aid codes 1E, 2E and 6E are being utilized only for the period between discontinuance of the SSI/SSP cash benefits and evaluation for eligibility in another Medi-Cal category. Senate Bill 87 requires that health care coverage continue until eligibility to regular Medi-Cal is determined. CPMRO has primary responsibility for reporting on compliance with the court order and proper district response is critical to the process.

Eligibility staff are to evaluate for ongoing eligibility under regular Medi-Cal programs, and are **NOT** to respond by saying no further action needed because the participant already receives Medi-Cal.

Our performance in complying with the Craig v. Bonta court order will be audited by the State in the near future. Should there be questions regarding the process, Medi-Cal Program Staff and CPMRO staff are available to provide information to district managers or their designates.

#### PRUCOL

Persons Residing Under Color Of Law (PRUCOL) status is available to ALL Medi-Cal beneficiaries who wish to claim it. It is NOT just for persons in long-term care or who are renal dialysis. (MPIH 50301.2)

**PUBLISHED BY:**  
**The Los Angeles County**  
**Department of Public Social Services**  
**Bureau of Health, Nutrition & Community Services**



## InterCounty Transfers

Administrative Directive 4449, dated 8/4/03, provides detailed instructions on the new requirements for Intercounty Transfers (ICTs). It is very important to remind staff about key changes in the ICT procedure:

- ❖ Beneficiaries should not be asked to complete a new application in the Receiving County.
- ❖ The Sending County is responsible for providing document copies to support approval in the Receiving County.

*\*Receiving counties will begin rejecting ICT packets which do not contain the necessary documents. This will result in multiple handlings of cases.*

- ❖ The Sending County may only terminate after the Receiving County has agreed to assume responsibility for the case.

*\*This requires county workers to communicate with one another in order to arrive at a mutually agreeable approval/termination dates. Failure to comply with this process will result in an increase in the rate of rescissions.*

- ❖ **The 30 day transfer period is eliminated.**

### Touch it Once - Do it Right



## Breast and Cervical Cancer Treatment Program (BCCTP)

The Department of Health Services (DHS) implemented the BCCTP program on January 1, 2002. This program provides needed cancer treatment coverage to individuals who have a diagnosis of breast or cervical cancer, have met screening criteria and are determined to be in need of cancer treatment.

This program will immediately give an applicant either full-scope Medi-Cal or time-limited cancer-related Medi-Cal if he/she is uninsured or underinsured and have been screened and diagnosed to have breast and cervical cancer. He/she must have income at or below 200% of the Federal Poverty Level (FPL) to be eligible. Applicants are not asked to prove their income or property.

To apply, the individual must go to a provider (doctor or nurse) who is participating in this program and will file an internet application for the individual. To locate a screening provider, the applicant should call (toll free) 1-800-511-2300. Individuals can also be referred to the American Cancer Society for additional information on cancer treatments at 1-800-227-2345.



## Medi-Cal Tuberculosis (TB) Program

This is to remind staff that all Department of Health Services (DHS) facilities can process TB Program applications for persons who have open SOC Medi-Cal cases. DHS facilities gather all information needed to complete the approval process for the TB separate family and forward the application to District #80 for processing.

Staff are not to complete an State Programs-Disability and Adult Programs Division (DAPD) application on cases that have a family member(s) infected with TB; instead TB applications should be forwarded to district #80 for processing.

Forms needed for the TB Program:

**MC 274, MC 210, MC 13, MC 219, SAWS-1**

TB Program eligibles MUST be U.S. citizens or permanent resident aliens who meet the California residency requirements. Persons who are not U.S. citizens or do not meet the California residency requirements and have been diagnosed as TB infected, MUST be referred to DHS for treatment.

NOTE: Persons who are already receiving full scope/zero SOC Medi-Cal benefits need not apply for the Medi-Cal TB Program since they may receive TB services at no cost via their Medi-Cal card.

Ref: Manual Letter #317, dated 11/16/94



## Good Cause

The failure to submit a completed Midyear Status Report (MSR), when the primary language of an individual or family is in a threshold language other than English or Spanish, is considered a "good cause" reason and the termination action must be rescinded if the EW is contacted by the family regarding this action. There is no time limit on these rescissions.

Until the translation of these forms into all the threshold languages has been completed and the mailing process automated, staff should make every effort to assist the non-English/Spanish-speaking beneficiaries in understanding the content and importance of completing these mandatory forms.

Title 22 CCR Section 50175 (c)

